2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 23, 2009 **DOCUMENT#761048** Secretary of State

Entity Name: CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 18001 OLD CUTLER RD 18001 OLD CUTLER RD 476 521 MIAMI, FL 33157 MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 18001 OLD CUTLER RD 18001 OLD CUTLER RD MIAMI, FL 33157 MIAMI, FL 33157 US FEI Number: 59-2384482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROUGH, DAIVD T & G MANAGEMENT SERVICES, INC. 1900 N CÓMMERCE PKWYY 18001 OLD CUTLER ROAD WESTON, FL 33326 PALMETTO BAY, FL 33157 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: T & G MANAGEMENT SERVICES, INC. 11/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHAFFER, THOMAS Name: Name: 8817 SW 130 PL Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GREEN, STEVE Name: Address: 13253 SW 88TH LANE Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: () Delete Title: () Change () Addition BOTTERI, JANET Name: Name: 16635 SW 148 AVE Address: Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TALARO, ROSA Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: THOMAS SHAFFER Ρ 11/23/2009

Address:

City-St-Zip:

13114 SW 88

MIAMI, FL 33186